

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>DR</i>	<i>32</i>	<i>5/29</i>
<b>FORMALITY REVIEW</b>	<i>tha</i>	<i>946</i>	<i>06/26/01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>Request</i>	<i>925</i>	<i>10-09-01</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

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Best Available Copy

If more than 150 claims or 10 actions  
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